

Madison County Parks And Recreation Department

1569 Westover Road • Jackson, Tennessee 38301 • (731) 988-3850

Edward M. Smith, Director

Last Name _____ First Name _____ MI _____
Address _____
City _____ State _____ Zip _____
Home Phone () _____ Parent's Cell () _____
Parent/Guardian Name _____
Emergency Contact Name _____ Phone Number _____

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

PLEASE REVIEW AND COMPLETE THE SECTIONS BELOW AND SIGN IN THE SPACE PROVIDED TO INDICATE YOUR AGREEMENT WITH ALL STATEMENT.

Authorization and Release of Liability

I, the parent or guardian of the above named child, authorizes the participation of my child in the Madison County Parks & Recreation Departments Jr. Pro Football Camp.

I understand that this program is a nonprofit sports program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Camp is conducted by Madison County Parks & Recreation Department and its volunteers and staff, including parents of other participating children. I further understand and agree that my child's participation in athletic and other activities of Madison County Parks & Recreation Department necessarily involves the risk of injury, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participant and weather related injuries. On behalf of my child, me and my family, I assume these risks. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child.

I hereby authorize Madison County Parks & Recreation Department to use, reproduce, distribute, display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communication of Madison County Parks & Recreation Department for the sole purpose of advancing Jr. Pro Football programs

Medical Conditions

I understand that participation in the Jr. Pro Football Camp may involve strenuous and prolong physical activity. I agree that my child is healthy and able to participate in the camps activities.

I understand that Madison County Parks & Recreation Department or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam.

Consent to Medical Treatment

In the event my child is injured or become ill in camp activities, and if I the parent/guardian of the above named child, am not present to make medical decisions, I hereby authorize Madison County Parks & Recreation Department, its staff, volunteers including volunteer parent participants, coaches, assistant coaches to arrange for and consent on my behalf to emergency medical and dental care and treatment. I am responsible for payment of any medical charges and expenses not cover by my insurance or the insurance applicable to my child (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including Authorization and Release of Liability, Medical Conditions and Consent to Medical Treatment. Each responsible parent/guardian should sign.

Signature _____

Printed name _____ Date _____

Signature _____

Printed name _____ Date _____

